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ABSTRACT

This guide contains ten exercises designed to aid students in completing job applications. Exercises included are (1) My Personal History, (2) My Educational Record, (3) Printing Neatly Helps, (4) Key Words and Abbreviations, (5) My Health Record, (6) Papers I Will Need, (7) Paid Work Experience, (8) Unpaid Work Experience, (9) My References, and (10) Letters and Resumes. Each exercise requires the student to fill in a portion of the job application. Also included in the guide are sample job applications from the following companies: McDonald's, Del Monte, Hyatt Corporation, General Electric, Chevron, Levi's, Pacific Telephone, American Airlines, and Consolidated Freightways. (LRA)

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My Job Application File

Third Edition

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CE 024 537

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NATIONAL INSTITUTE OF EDUCATION

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Introduction

When you look for a job, you may be asked to fill in a job application form. The form will tell an employer a lot about you. The way you fill it in can make the difference between getting a job and not getting a job.

Some forms are simple to read and to fill in. But many are not. You should be ready to fill in the hard ones as well as the easy ones when you go looking for a job.

This book can help you get ready. It has step-by-step exercises about each part of a job application form. And it has real forms from real companies that you can fill in for practice.

Remember, your job application form stands for *you*. You will want to show yourself at your best. So get ready now.

When you do the exercises and fill in the forms in this book, make believe you are really going for a job. Try to give all the information that is asked for. Write or print as neatly as you can.

If you do your best in this book, you will be more likely to do your best when you go for a job. When you have finished the book, keep it as a file to use when you go out looking for jobs.

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EXERCISE 1

My Personal History

Employers need information about people who apply for jobs. They need to find out if an applicant is the right person for a job. They need to know such things as:

> Does the applicant have any experience? How well did the person do in school? Does this person get along well with other people?

Employers get a lot of the information they need from the job application form they ask you to fill in. They get more information when they interview you. The rest of the information they need will come from checking out your application.

An employer may write or call your former employers, the schools you went to, and other people or places that you list on your application.

Some of the questions on application forms are about your personal history. The form on the next page has such questions.

Fill in the form as best you can. Print your answers so they will be easy to read. Later, you can use this form to help you answer questions on real job application forms.

Some companies need to know if you have ever been in trouble with the law. They may ask you questions like the ones below.

Do not answer the questions here! Just think about them.

Have you ever been convicted of a misdemeanor?	☐ yes	☐ no
Have you ever been convicted of a felony?	☐ yes	☐ no
Have you ever been refused a bond?	☐ yes	☐ no

If your answer to any of the questions above is *yes*, explain.

Why would a person be asked such questions? Do you think an employer has the right to ask them?

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MY PERSONAL HISTORY

☐ Male

NAME _____ ☐ Female
Last First Middle

ADDRESS _____
Number Street City State ZIP

How long at this address? _____ Years

PREVIOUS ADDRESS _____
Number Street City State ZIP

How long at this address? _____ Years

TELEPHONE _____ SOCIAL SECURITY NUMBER _____

YOUR AGE? ☐ Under 18 ☐ Over 65 HEIGHT _____ Feet _____ Inches

WEIGHT _____ Pounds

Driver's License? ☐ Yes ☐ No

Can you legally work in this country? ☐ Yes ☐ No

Citizen of the U.S.A.? ☐ Yes ☐ No If no, date of entry. _____

Are there any days of the week you cannot work? _____

Reason? _____

Do you desire full-time or part-time work? _____ Temporary work? ☐ Yes ☐ No

Which shifts are you willing to work? ☐ Day ☐ Swing ☐ Midnight

EXERCISE 2

My Educational Record

An employer will usually want to know about your educational record. He or she may want to know what schools you have gone to. Often, the employer will write or call these schools to learn what kind of student you have been.

Even more important sometimes are the subjects that you studied in school. Some subjects make you better prepared for a job. For example, a house builder might be interested in someone who has learned how to use tools in woodworking or sheet metal classes.

You may have to think a long way back in order to fill in your educational record. You may have to ask your parents for help.

Fill in the forms on these two pages as completely and carefully as you can. Then you will have the information handy when you go out looking for jobs.

MY EDUCATIONAL RECORD

List all the schools you have attended, starting with your first school.

NAME OF SCHOOL	ADDRESS	GRADE COMPLETED	DATES ATTENDED

TELEPHONE NUMBER OF PRESENT SCHOOL _____

My Educational Record — *Continued*

HIGHEST GRADE COMPLETED (circle) 7 8 9 10 11 12

YEAR YOU LEFT SCHOOL OR GRADUATED 19 _____

COUNSELOR OR TEACHER WHO KNOWS YOU BEST

NAME _____ TELEPHONE _____

SCHOOL SUBJECTS YOU ARE NOW TAKING

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

SCHOOL SUBJECTS YOU DID BEST IN

_____ ART	_____ SEWING	_____ ENGLISH
_____ SHOP	_____ SPEECH	_____ CRAFTS
_____ BUSINESS	_____ MUSIC	_____ HISTORY
_____ FOODS	_____ P. E.	_____ _____
_____ SCIENCE	_____ MATH	_____ _____

SCHOOL COURSES WHICH HELPED PREPARE YOU FOR A JOB

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

SCHOOL AND CLUB ACTIVITIES YOU HAVE BEEN IN

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

JOBS OR VOLUNTEER WORK IN SCHOOL

1. _____
2. _____
3. _____
4. _____

EXERCISE 3

Printing Neatly Helps

Did you print the information in your personal history and your educational record? Did you print it neatly? Could an employer read your printing easily?

You may wonder if all of this business about printing neatly is important. *Yes, it is!* If an employer has trouble reading your application form, you may be turned down for the job.

So give yourself an even chance. Learn to print neatly *before* you apply for a job. Practice with the personal history record below. *Print all of the information except your signature.*

PERSONAL HISTORY

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER STREET CITY STATE ZIP

PREVIOUS ADDRESS _____
NUMBER STREET CITY STATE ZIP

DATE OF BIRTH* _____ TELEPHONE _____

HEIGHT _____ FEET _____ INCHES WEIGHT _____ POUNDS

SOCIAL SECURITY NUMBER _____

TYPE OF WORK YOU DESIRE _____

WHEN CAN YOU START WORK? _____

HOW MUCH DO YOU EXPECT TO EARN? _____

DATE _____ MONTH DAY YEAR SIGNATURE _____

Does your signature look good? It's a good idea to decide how you will sign your name. Then practice signing it that way.

* You may not have to give this information until after you have been hired. The law says employers of five people or more may not ask an applicant's age. They may only ask if you are under 18 or over 65.

Check your printing against these examples. Print each letter and number on the lines below the examples.

a b c d e f g h i j k l m n o p q r s t u v w x y z 1 2 3 4 5 6 7 8 9 0

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

a b c d e f g h i j k l m n o p q r s t u v w x y z 1 2 3 4 5 6 7 8 9 0

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

a b c d e f g h i j k l m n o p q r s t u v w x y z 1 2 3 4 5 6 7 8 9 0

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Some application forms give you lots of space in which to write. Others give you only a small space. Fill out these forms. **Print!**

NAME _____
LAST FIRST MIDDLE
SOCIAL SECURITY NUMBER _____ TELEPHONE _____
ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

NAME _____ SOCIAL SECURITY NUMBER _____
ADDRESS _____ TELEPHONE _____

NAME _____ SOCIAL SECURITY NUMBER _____
ADDRESS _____ TELEPHONE _____

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EXERCISE 4

Key Words and Abbreviations

Listed below are some words often found on job application forms. Many of the words are found on all job application forms.

Look down the list of words. Put a check mark in front of any word you do not know. Use a dictionary or ask someone to help you learn the words you don't know.

accurate	company	experience	marital status	questions
address	compensation	federal	medical	record
affirm	complete	fee	misdemeanor	reference
applicant	confidential	felony	misrepresentation	relationship
application	contact	fill	naturalized	relatives
apply	convicted	firm	notification	residence
apprentice	courses	foregoing	occupation	reverse side
aptitude	defect	graduate	omission	salary
arrest	dependents	health	operator	self-employed
attendent	disability	height	organization	serious
birth certificate	discharged	illness	permanent	sex
birth date	dismissed	information	permit	signature
blank	documents	injury	personal	Social Security
bonded	education	institution	personnel	specify
business	eligible	insurance	physical	spouse
carefully	emergency	interview	position	status
category	employed	interviewer	previous	supervisor
character	employer	legibly	private	telephone
chronic	employment	location	qualifications	type
citizen	excluding	maiden name	qualified	zip code

Sometimes there is very little space for all the information needed on an application form. So many of the words on the forms are abbreviated.

Study the abbreviations below. Be sure you can recognize them and know what they mean.

B.D.	= birth date	soc. sec.	= social security
D.O.B.	= date of birth	S.S. No.	= Social Security number
H *or* ht.	= height	avg.	= average
W *or* wt.	= weight	dept.	= department
tel.	= telephone	exp. *or* exper.	= experience
no.	= number	m	= married
ans.	= answer	s	= single
co.	= company	d	= divorced
mo.	= month	sep.	= separated
yr.	= year	m	= male
ZIP	= zip code	f	= female

EXERCISE 5

My Health Record

Your health is important for any job — for your safety and for the safety of other people. You will usually find questions about your health on most job application forms. There will be questions such as those below.

Fill in the health record below and keep it handy for when you go out looking for jobs. You may need help from your parents.

MY HEALTH RECORD

1. HOW IS YOUR GENERAL HEALTH? ☐ EXCELLENT ☐ GOOD ☐ POOR
2. HAVE YOU A HEALTH CERTIFICATE? ☐ YES ☐ NO
3. DO YOU NEED TO WEAR GLASSES? ☐ YES ☐ NO
4. DO YOU NEED TO WEAR A HEARING AID? ☐ YES ☐ NO
5. CAN YOU SEE COLORS CORRECTLY? ☐ YES ☐ NO
6. HAVE YOU ANY PHYSICAL HANDICAPS THAT MIGHT LIMIT THE KIND OF WORK YOU CAN DO? IF YOU DO, LIST THEM HERE.

   _____

7. DO YOU HAVE A FAMILY DOCTOR? ☐ YES ☐ NO
   DOCTOR'S NAME _____ TELEPHONE NUMBER _____

   ADDRESS _____
   NUMBER STREET CITY STATE ZIP
8. DO YOU BELONG TO ANY MEDICAL PLAN? IF SO, NAME _____
9. WHEN DID YOU HAVE YOUR LAST PHYSICAL CHECKUP? _____
   DATE
10. WHEN DID YOU HAVE YOUR LAST TUBERCULOSIS TEST? _____
    DATE
11. DESCRIBE ANY MAJOR ILLNESS, INJURY, OR OPERATION YOU HAVE HAD.

12. IF YOU HAVE HAD PROBLEMS WITH ANY OF THE FOLLOWING, INDICATE BY A CHECK MARK.

☐ HEART	☐ ASTHMA	☐ FAINTING OR DIZZINESS	☐ NERVOUS BREAKDOWN*
☐ BACK	☐ RUPTURE (HERNIA)	☐ HAY FEVER, ALLERGY	☐ VENEREAL DISEASE*
☐ EPILEPSY	☐ DIABETES	☐ TUBERCULOSIS	☐ DRUGS*

* Do *not* check the boxes for drugs, nervous breakdown, or venereal disease. They are listed here only because you will sometimes find them on application forms. Don't be surprised, and answer truthfully if you are asked.

EXERCISE 6

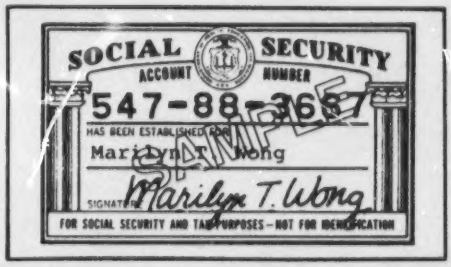
Papers I Will Need

Before you can get a job, you will need certain papers. You must have a Social Security card. You may need your birth certificate. And you may also need a work permit, a health certificate, or a driver's license. If you don't have any of these papers now, you should plan on getting them soon. It often takes weeks to get them.

Social Security Card and Number

Every job application form will ask for your Social Security number. This is the number that is printed on your Social Security card.

If you do not have a Social Security card you can easily get one. Find out where the nearest office of the Social Security Administration is. Call, write, or visit this office. Tell the people there that you need a Social Security card. They will help you.



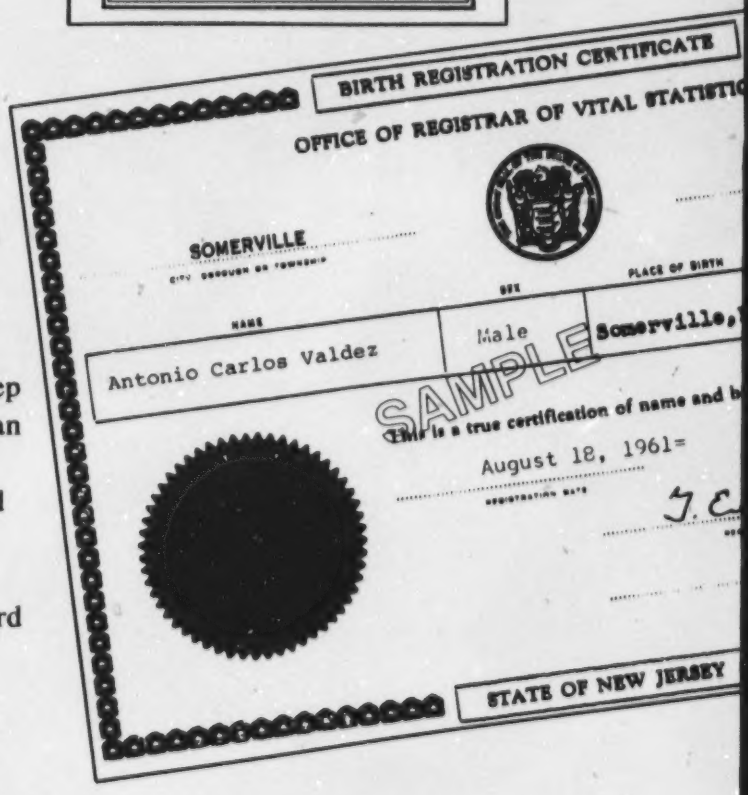
Birth Certificate

You may need your birth certificate when you apply for a job. You may also need it when you apply for a Social Security card, a work permit, or a driver's license.

Have some copies of your birth certificate made. Take the copies when you need to show someone your birth certificate. But keep the original in a safe place. That way, you can make more copies as you need them.

If you don't have your birth certificate and don't know where it is:

1. Ask your parents if they have it.
2. Ask your teacher or your school's record clerk how you can get your birth certificate.
3. Ask the people at the Social Security Administration how to find your birth certificate.



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Health Certificate

For many kinds of jobs, a worker must have a health certificate. You may need a health certificate if you are going to work in a restaurant or other food business. Workers in the health-care field may also need health certificates.

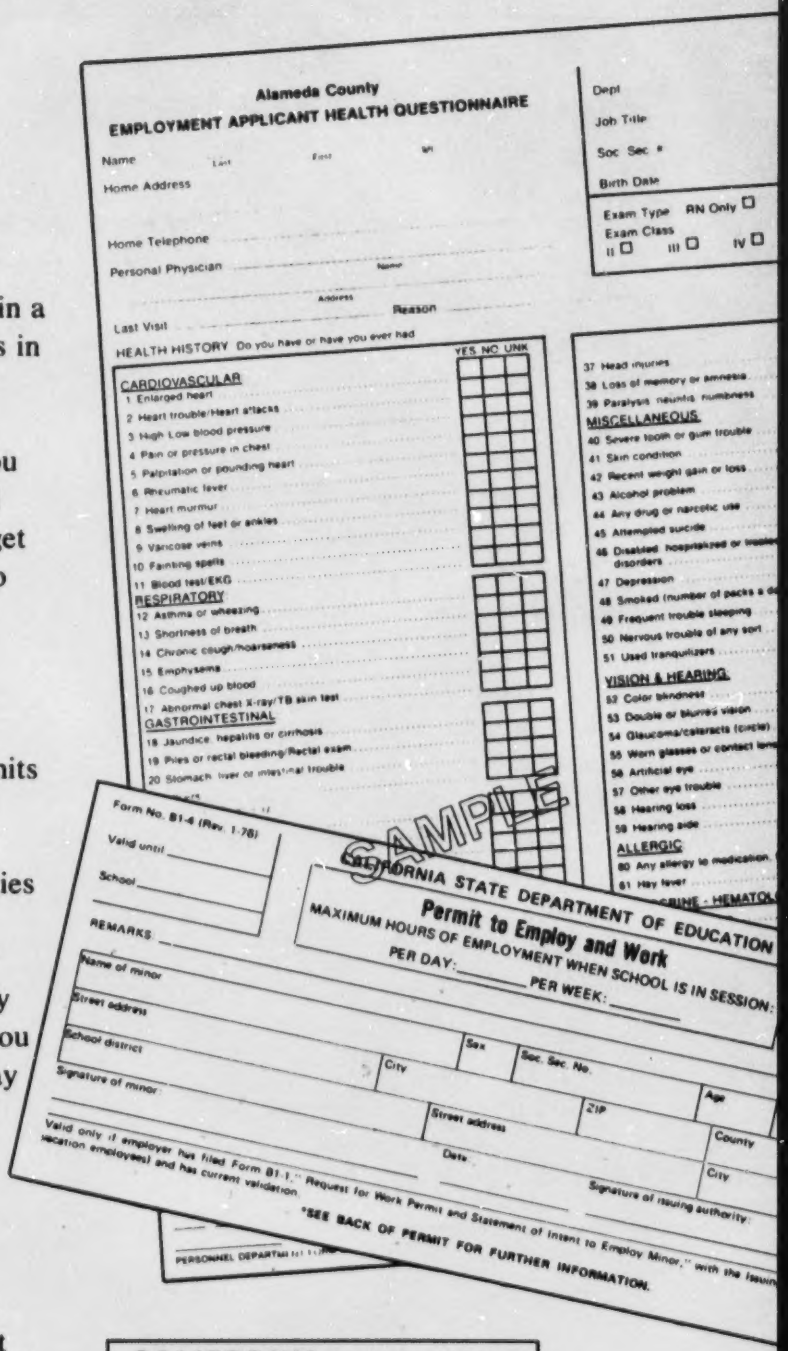
Your local health department can tell you which jobs call for health certificates. And they can tell you what you have to do to get one. Your school nurse or doctor may also have information.

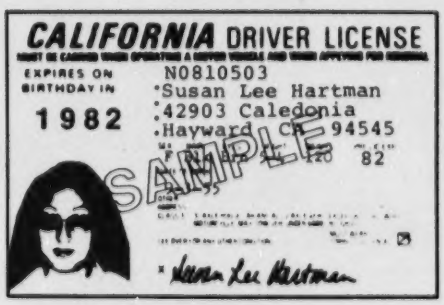
Work Permit

In most states, younger workers need permits to work. Employers need the permits before they can hire them.

Work permits are usually taken care of when you apply for a job. But different cities and states have different laws and rules.

Ask your teacher or guidance counselor about a work permit. Learn where to apply for one. Get an application and fill it in. You may have to have a parent sign it. You may need a photograph of yourself, your birth certificate, a health certificate, and other things.


Alameda County
EMPLOYMENT APPLICANT HEALTH QUESTIONNAIRE
Name
Home Address
Home Telephone
Personal Physician
Last Visit
Reason
HEALTH HISTORY Do you have or have you ever had
CARDIOVASCULAR
RESPIRATORY
GASTROINTESTINAL
MISCELLANEOUS
VISION & HEARING
ALLERGIC
SAMPLE
CALIFORNIA STATE DEPARTMENT OF EDUCATION
Permit to Employ and Work
MAXIMUM HOURS OF EMPLOYMENT WHEN SCHOOL IS IN SESSION:
PER DAY: PER WEEK:
Name of minor
Street address
School district
Signature of minor
Valid only if employer has filed Form B1-1, "Request for Work Permit and Statement of Intent to Employ Minor," with the issuing vacation employee) and has current validation
"SEE BACK OF PERMIT FOR FURTHER INFORMATION."


CALIFORNIA DRIVER LICENSE
EXPIRES ON BIRTHDAY IN 1982
N0810503
Susan Lee Hartman
42903 Caledonia
Hayward CA 94545
SAMPLE

Driver's License

Driving is a part of many jobs. And you may have to drive to work. So if you don't have a driver's license, it would be a good idea to get one. To drive a truck, bus, or other large vehicle, you would need a special license.

Your school's driver education teacher can tell you how to get a driver's license. Or check with your local department of motor vehicles.

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EXERCISE 7

Paid Work Experience

Most employers want to hire people who have worked before — people who have work experience. For this reason, *any* job you have had may help you get another job. Work that you have been paid for is especially important.

What kinds of work have you done for pay? You may think that some part-time and short-term jobs are not important. But they may be important to an employer. For example, baby-sitting jobs show that someone has trusted you with their children.

Work During the School Year

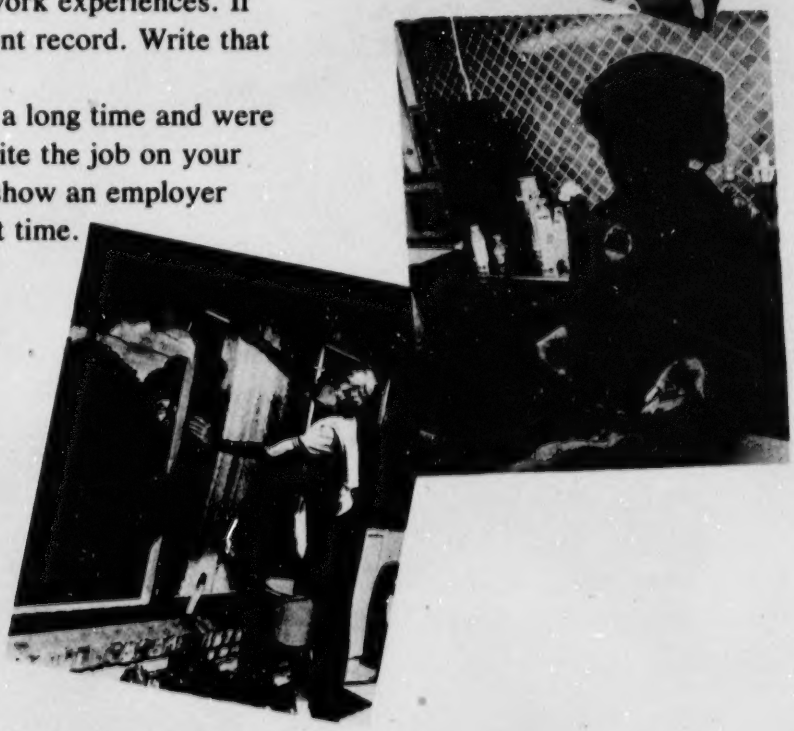
If you have held jobs during any school year, list them on the next page. Start with your most recent job and work back. If they were part-time jobs, say so.

On some job application forms you will be told not to list part-time jobs. But list them unless you are told not to.

Other Work Experience

You may have had summer work experiences. If so, list them on your employment record. Write that they were summer jobs.

If you were out of school for a long time and were working on a job, be sure to write the job on your job application form. This will show an employer you were not loafing during that time.



MY WORK EXPERIENCE RECORD

DATES	EMPLOYER, ADDRESS	KIND OF WORK	HOURS PER WEEK	RATE OF PAY
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

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EXERCISE 8

Unpaid Work Experience

You may have had good work experience without knowing it. This is work that you tend to forget about because you were not paid for it.

Perhaps it was volunteer work. Or it may have been a school job. Maybe it was some kind of work for your parents or other relatives — cooking meals, for example.

You should be ready to list any of this "free" work if a job application asks for it. It may be your only kind of work experience. Listing such jobs is better than writing "none" or leaving blanks.

If you have never done any volunteer work, you might think about doing it now. It is a good way to get work experience.

Ask about volunteer work at school. School offices, the library, and teachers can always use help. You could also try young people's clubs, 4-H and YMCA or YWCA groups, scout groups, and community centers.

Playground and park work may be open to you. Senior citizens centers, hospitals, and nursing homes often welcome and train volunteers.

If you have done any unpaid work, list it in the top chart on the next page. You can add to the list as you do more volunteer work.

If you have never done any unpaid work, think of volunteer jobs you could look for. List them in the chart at the bottom of the next page. This may start you toward getting some work experience.

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Put down as much information as you can about each employer. Give the name of the person or organization, the address, the telephone number, and the name of your supervisor.

MY UNPAID WORK EXPERIENCE RECORD

DATES	THE WORK I DID	EMPLOYER INFORMATION

JOBS TO SEEK FOR WORK EXPERIENCE

THE WORK I COULD DO	WHO MIGHT NEED SUCH WORK

EXERCISE 9

My References

Employers almost always ask for references on their job application forms. References are the names of people who know something about you. The people may be teachers, school counselors, neighbors, youth group leaders, church leaders, or others who know you.

Of course, you will want to list people whom you hope will say good things about you. But it is not a good idea to list relatives. Employers would rather that you list people who are not related to you.

You should always ask people if it is all right for you to list their names as references. They may not want strangers to know where they live or work.

If you do get people's permission, be sure to tell them when you have used their names. Then they will not be surprised or unprepared when they get a telephone call or a letter from an employer.

Be prepared with the names, addresses, and telephone numbers of your references. Unless you are asked for the business addresses and telephone numbers of your references, give home addresses and telephone numbers only. Ask your references for permission to use their business addresses and telephones before you give them out.

Use the next page for your list of possible references. Take this list with you when you go looking for jobs. Then you will be ready to copy the information on any job applications forms that you fill in.

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People I Can Give as Personal References

A. NAME _____ TELEPHONE _____

HOME ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

BUSINESS ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

TELEPHONE _____ EMPLOYER _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____ RELATIONSHIP _____

B. NAME _____ TELEPHONE _____

HOME ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

BUSINESS ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

TELEPHONE _____ EMPLOYER _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____ RELATIONSHIP _____

C. NAME _____ TELEPHONE _____

HOME ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

BUSINESS ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

TELEPHONE _____ EMPLOYER _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____ RELATIONSHIP _____

Firms I Can Give as Credit and Bank References

You may be asked to give a credit reference on an application. For this, give the name and address of a firm where you or your parents have bought things on credit or have a charge account. Tell whose name is on the account, if it is not yours.

FIRM NAME _____ TELEPHONE _____

ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

ACCOUNT NUMBER _____ IN NAME OF _____

You may also be asked to give a bank reference. For this, give the name and address of a bank where you or your parents have an account. Tell in whose name the account is kept, if it is not yours.

BANK NAME _____ TELEPHONE _____

ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

ACCOUNT NUMBER _____ IN NAME OF _____

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EXERCISE 10

Letters and Resumes

Sometimes when a job is advertised in a newspaper's "help wanted" section, you must write a letter to apply for it. The employer wants to know your name, address, and telephone number.

The employer will probably also want to know something about your education, your health, and your work experience. He or she may also want to know how much you expect to get paid.

When you apply for a job by mail, it is best to send two different sheets to the employer. One sheet should be a letter that tells what position you are interested in and why you want the job.

The other sheet gives information about your education, health, work experience, and other important things. This kind of sheet is called a resume.

Both the letter and the resume should be typed, if possible. If you can't type them and can't get them typed, print them as neatly as you can.

Here are some samples you can use as a guide. Read the samples to find answers to the questions below.

The Want Ad

Sometimes the only address given is an ad number. Then you have to send your letter and resume to the newspaper. (See the address on the sample letter and envelope on page 23.)

CLERK-TYPIST. Type forms and letters. Train as billing clerk. Must be good typist and good with numbers. Send letter and resume to ad number 2679.

1. What kind of job is being advertised?

   _____

2. What do you have to be good at?

   _____

3. What is the ad number?

   _____

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The Letter

1. Whose address and phone number go at the top right side of the letter — the sender's or the newspaper's?

   _____

2. To whom is the greeting addressed? (Dear . . . .)

   _____

3. In her first sentence, the sender mentions the name of the job and of the

   _____

4. What two kinds of information does the sender say she is giving in her resume?

   _____

   _____

5. What does she say she will be happy to supply?

   _____

   _____

1182 B Street
Haymont, CA 94541
Telephone: 987-6543

June 17, 1980

Ad No. 2679
City Bulletin
8423 Condor Street
Commerce Park, CA 94545

Dear Advertiser:

I would like to apply for the job of clerk-typist that you advertised in the City Bulletin. I have done similar work before, as you can tell from my enclosed resume.

The resume also gives other business and personal information. If you are interested, I will be happy to supply the names of personal and business references.

I am a fast typist and like to work with numbers. So I hope you will give me a chance to show you how well I can do.

Sincerely,

Sandy Chin

Sandy Chin

The Envelope

1. What is the name of the person who is sending the letter?

   _____

2. What is the name of the newspaper to which the letter is being sent?

   _____

3. Where does the ad number go, before or after the name of the newspaper?

   _____

Sandy Chin
1182 B Street
Haymont, CA 94545

Ad No. 2679
City Bulletin
8423 Condor Street
Commerce Park, CA 94545

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The Resume

1. How much does Sandy weigh?

   _____

2. How is her health?

   _____

3. What business courses did Sandy take?

   _____

   _____

   _____

4. What were Sandy's two school jobs?

   _____

   _____

5. What two kinds of work did Sandy do for pay?

   _____

   _____

Sandy Chin
1182 B Street
Haymont, CA 94541
Telephone: 987-6543

Personal Information

Age: 18
Height: 5' 7"
Weight: 130 pounds
Health: Excellent

Education

High School: Haymont H.S.
Graduated: June 1980
Business Courses: Typing (60 words a minute)
Business machines
Bookkeeping

School Jobs

Manager of baseball and basketball teams. Kept track of uniforms and equipment. Kept records of wins, losses, and what each player scored.

Class treasurer for one year. Collected senior dues, kept records of income and expenses.

Work Experience

Delivered newspapers for three years. Delivered 100 or more newspapers a day. Made monthly collections.

Clerk-typist for two summers in office of a trucking company. Typed forms and letters. Sorted company mail. Filed bills, forms, and letters.

References

Business and personal references will be supplied if desired.

Real Job Application Forms

There are nine real job application forms on the pages that follow. The easier ones come first. The harder ones come last. Use them for practice. By the time you go out looking for a job, you should have little trouble filling in any job application form.

SAMPLE

APPLICATION FOR EMPLOYMENT

McDonald's is an Equal Opportunity Employer and fully subscribes to the principles of Equal Employment Opportunity. The Civil Rights Act of 1964, and State and Local Laws prohibit discrimination on the basis of race, color, religion, sex, or national origin. In addition, State and Local Laws prohibit discrimination on a basis of disability and the Age Discrimination in Employment Act of 1967, and some State and Local Laws prohibit discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age. It is our policy to comply with these Acts, and information requested on this application will not be used for any purpose prohibited by law.

GENERAL INFORMATION

Name _____ (First / Middle Int. / Last) Social Security Number ___/___/___

Address _____ (Street / Apt./Suite # / City / State / Zip) Phone _____

How long at this address? _____ Previous address _____ How long there? _____

Position you are applying for _____ Salary/wage desired _____

Date available for work _____ Referred by _____ Do you have transportation to work? ☐ YES ☐ NO

Are you a United States Citizen or do you have a work visa? ☐ YES ☐ NO
If not, type of visa _____

Are you willing to transfer/relocate? ☐ NO ☐ YES
If so, geographic preference _____

Are you willing to travel? ☐ YES ☐ NO

Do you have a relative in the employ of McDonald's ☐ NO ☐ YES If yes, who? _____

Have you ever been employed by McDonald's before? ☐ NO ☐ YES

If so, when and where last employed? _____

Position held: ☐ Crew ☐ Staff ☐ Management

*During the past 7 years, have you ever been convicted of a crime, excluding misdemeanors and traffic violations? ☐ NO ☐ YES

If yes, describe in full _____

PHYSICAL

Any health problems or physical defects which could affect your employment? ☐ NO ☐ YES

If any such health problems or physical defects exist, please explain _____

EDUCATION

School name, City and State	Dates of attendance	Did you graduate? (If Yes, Mo — Yr.)	Subjects	Average grades
High School				
College				
Graduate School				
Other				

McD .... Rev. 5/76 *A conviction will not necessarily bar you from employment

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REFERENCES

EMPLOYMENT BACKGROUND (most recent first)

List below your three most recent employers, beginning with the current or most recent one. **(If you have had less than three employers, use the remaining spaces for personal references.)** If you were employed under a maiden or other name, please enter that name in the right hand margin. May we contact your present employer ☐ YES ☐ NO

Name_____ Address_____ (include zip code)

Phone_____ Type of work_____ Name of Supervisor_____

Date started_____ Date left_____ Salary or wage_____ (start) / (end) Reason for leaving_____

Name_____ Address_____ (include zip code)

Phone_____ Type of work_____ Name of Supervisor_____

Date started_____ Date left_____ Salary or wage_____ (start) / (end) Reason for leaving_____

Name_____ Address_____ (include zip code)

Phone_____ Type of work_____ Name of Supervisor_____

Date started_____ Date left_____ Salary or wage_____ (start) / (end) Reason for leaving_____

U.S. MILITARY

Branch of Service_____ Date Entered_____ Date of Discharge_____ Highest Rank Held_____

Do you have service-related skills and experience applicable to civilian employment? ☐ YES ☐ NO If yes, describe:_____

Are you a member of an active reserve or national guard unit? ☐ YES ☐ NO If yes, what?_____ What are your obligations and when will they be fulfilled?_____

GENERAL

What additional experiences or training have you had other than your work experience, military service and education?_____

What are your hobbies?_____ Activities—civic, athletic, fraternal, etc. (exclude organizations which indicate race, religion, color or national origin of members)_____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name_____ Phone_____

Address_____

PLEASE READ CAREFULLY THE SECTION BELOW BEFORE SIGNING.

1. I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal in accordance with McDonald's policy.
2. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
3. I understand that as part of the processing procedure for my employment application an investigative report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided.
4. If I am denied a job based either wholly or in part because of information contained in a consumer report, I will be provided the name and address of the reporting agency that supplied the information.

Signed:_____ Date:_____

Signed (parent/guardian)*_____ Date:_____

*(If applicant under age 18)

TO BE COMPLETED AFTER HIRE:

Birthdate_____ Mo / Day / Year

Hire date_____ Mo / Day / Year Insurance ☐ Single ☐ Family

Salary_____ Title_____

Approved by_____ Date_____

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APPLICATION FOR EMPLOYMENT

Del Monte Corporation
Del Monte Sales Company
An Equal Opportunity Employer

SAMPLE

Name (First)	(Middle)	(Last)	Date
Address (Street and Number)			Social Security Number
(City)	(State)	(Zip Code)	Telephone

Type of Work Desired			When can you start?
Have you previously been employed by Del Monte Corporation? Yes / No		Where	When	Who referred you to Del Monte?

EDUCATION	Name and Address	Major Subject	Grade Point Average: Over-all	Major	No. Pts. A =	Degree Received
High School						
College						
Graduate School						
Other Education						

Scholastic Honors and Activities

WORK EXPERIENCE (Include Military) Employment Dates (Most recent or present job first)	Firm – Address	Type of Business	Your Title and Duties	Salary

Explain Periods of Unemployment

OFFICE SKILLS	Typing Speed	Shorthand Speed	Adding Machine/Calculator	Dictating Equipment

Bookkeeping Machine	IBM (Specify Type)	Other

AFFILIATIONS	(Do not include racial, religious or nationality groups)

HOBBIES TALENTS	

FOREIGN LANGUAGES	Speak	Read	Write

CHARACTER REFERENCES (Not former employers or relatives)

Name	Address	Occupation

Other Remarks

To the best of my knowledge the above information is correct. I understand that Del Monte Corporation may wish to investigate my character and qualifications for employment by questioning my references and former employers and I have no objection to this. I understand that my employment is subject to a physical examination and a 90-day probationary period.

_____ Signature _____

DO NOT WRITE BELOW THIS LINE

Employed For		
Position Title		
Starting Date	Classification	Salary
Interviewed By		
Company Plans	References Checked	
To Doctor	Date	Report
Employment Information		

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Form (71.000) 6/77

HYATT CORPORATION

AN EQUAL OPPORTUNITY EMPLOYER

EXECUTIVE OFFICES: 9701 WEST HIGGINS ROAD, ROSEMONT, ILLINOIS 60018 • PHONE (312) 399-2100

SAMPLE

NAME OF PROPERTY _____

Print or Type

NAME	POSITION DESIRED
STREET ADDRESS	SALARY DESIRED / DATE AVAILABLE FOR WORK
CITY / STATE / ZIP	SOCIAL SECURITY NUMBER
PHONE - HOME / WORK	ARE THERE ANY DAYS OF THE WEEK THAT YOU WILL NOT BE ABLE TO WORK? REASON:

IF YOU HAVE WORKED FOR HYATT BEFORE, STATE WHERE, WHEN, FINAL POSITION, REASON LEFT:

WORK EXPERIENCE

List your previous experience beginning with your most recent position.

1

EMPLOYER	
ADDRESS	PHONE
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	

2

EMPLOYER	
ADDRESS	PHONE
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	

3

EMPLOYER	
ADDRESS	PHONE
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	

4

EMPLOYER	
ADDRESS	PHONE
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	

Please circle the name of any employer or supervisor whom you do not want contacted at this time.

EDUCATION

SCHOOL	LOCATION	DATES	GRADUATED	MAJOR
HIGH SCHOOL				
COLLEGE				
ADDITIONAL TRAINING				

WHICH LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK FLUENTLY?

IF JOB RELATED: TYPING SPEED ____ WPM STENO SPEED ____ WPM

OTHER BUSINESS MACHINES OPERATED _____

FOR INTERVIEWER'S COMMENTS ONLY

REFERRED TO
RESULTS
DATE INTERVIEWED / INTERVIEWED BY

WHO REFERRED YOU TO HYATT? (IF A SPECIFIC AGENCY OR ORGANIZATION, PLEASE GIVE FULL NAME):

LIST NAMES AND POSITIONS OF ANY RELATIVES EMPLOYED IN THIS PROPERTY OR WITH HYATT:

WHY ARE YOU INTERESTED IN WORKING FOR HYATT, AND WHAT ARE YOUR CAREER OBJECTIVES?

CITIZENSHIP

ARE YOU A U.S. CITIZEN? ☐ YES ☐ NO IF NO, ALIEN REGISTRATION CARD NO. _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THIS COUNTRY? ☐ YES ☐ NO HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO

IF YES, STATE DETAILS AND DATES: _____

MILITARY SERVICE

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? ☐ YES ☐ NO WHICH BRANCH? _____

FROM _____ TO _____ RESERVE STATUS _____

INDICATE ANY SPECIAL TRAINING RECEIVED:

MEDICAL HISTORY

ARE YOU AT LEAST 18 YEARS OF AGE? ☐ YES ☐ NO
ARE YOU AT LEAST 21 YEARS OF AGE? ☐ YES ☐ NO

NUMBER OF DAYS YOU HAVE BEEN ABSENT FROM WORK IN LAST YEAR DUE TO ILLNESS

WHEN DID YOU LAST SEE A PHYSICIAN?

FOR WHAT REASON?

DO YOU HAVE ANY PHYSICAL DEFICIENCIES WHICH PRECLUDE YOUR PERFORMING CERTAIN KINDS OF WORK? ☐ YES ☐ NO IF YES, DESCRIBE SUCH DEFICIENCIES AND SPECIFIC WORK LIMITATIONS: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ PHONE NO. _____

BUSINESS REFERENCES

PLEASE LIST 3 OR 4 BUSINESS REFERENCES:

NAME	POSITION & COMPANY	CURRENT ADDRESS	TELEPHONE

PLEASE READ THE FOLLOWING AND SIGN YOUR NAME BELOW . . .

I declare my answers to the questions on this application are true and give this Company the right to investigate all references and information given. I agree that any false statement or misrepresentation on this application will be cause for refusal to hire or for immediate dismissal. I agree that my employment may be terminated by this Company at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with Hyatt.

Hyatt is an equal opportunity employer, and always selects the best qualified individual for the job based upon job-related qualifications, regardless of race, color, creed, sex, national origin, age, or handicap.

DATE _____ SIGNATURE _____

GENERAL ELECTRIC

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

It is the policy of the General Electric Company to provide employment, training, compensation, promotion and other conditions of employment based on qualifications, without regard to race, color, religion, national origin, sex, age, veteran status, or handicap.

PRINT NAME _____ (LAST / FIRST / MIDDLE)

ADDRESS _____ (NO. & STREET) SAMPLE

_____ (CITY / STATE / ZIP CODE)

TELEPHONE _____ (AREA CODE / NO.) SOCIAL SECURITY NO. _____

IS YOUR AGE: UNDER 18? ☐ OVER 65? ☐

CITIZEN OF U.S.A.? ☐ YES ☐ NO* *If you are not a U.S. citizen have you a legal right to remain permanently in the U.S.? ☐ YES ☐ NO

☐ PLEASE CHECK if you have a handicap and wish to be considered under our affirmative action program. Submission of this information is voluntary.

JOB INTEREST

POSITION DESIRED	WAGES OR SALARY EXPECTED $ PER ☐ HR. ☐ WK. ☐ MO.
OTHER POSITIONS FOR WHICH YOU ARE QUALIFIED	DATE AVAILABLE
WERE YOU EVER EMPLOYED BY GE? ☐ YES ☐ NO	IF YES, WHERE: _____ WHEN: _____

TRAINING

CIRCLE HIGHEST GRADE *COMPLETED* IN *EACH* SCHOOL CATEGORY	GRADE SCHOOL 1 2 3 4 5 6 7 8	HIGH SCHOOL 9 10 11 12	TECH. SCH. 1 2	COLLEGE 1 2 3 4	GRAD. SCH. 1 2 3 4

	NAME	LOCATION	COURSE–DEGREE	CLASS STANDING
GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
APPRENTICE, BUSINESS, TECHNICAL OR VOCATIONAL SCHOOL				
OTHER TRAINING OR SKILLS (Factory or Office Machines Operated, Special Courses, etc.)				

MILITARY

BRANCH OF U.S. SERVICE	DATE ENTERED	DATE DISCHARGED	FINAL RANK	TYPE DISCHARGE *

SERVICE SCHOOLS OR SPECIAL EXPERIENCE

*☐ Please check if you were discharged or released for a service-connected disability and wish to be considered under our affirmative action program. Submission of this information is voluntary.

This portion of the application form (below the perforation) will be shown only to members of the personnel or hiring office staff.

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR* OR A FELONY?

☐ YES ☐ NO

IF YES, EXPLAIN FULLY.

* List information concerning convictions for any misdemeanor committed within the past five years, but do not list information on a misdemeanor which occurred more than five years ago, unless you were imprisoned for that offense.

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PRINT NAME ____ LAST ____ FIRST ____ MIDDLE ____

EMPLOYMENT HISTORY

Please list all employment starting with present or most recent employer.
Account for all periods, including unemployment and service with U.S. Armed Forces. Also include relevant voluntary and/or part-time work experience.
Use additional sheet if necessary.

DATE	NAME & ADDRESS – EMPLOYER	1 JOB TITLE 2 DEPARTMENT 3 NAME OF SUPERVISOR	DESCRIBE MAJOR DUTIES	WAGES	REASON FOR LEAVING
FROM MONTH YEAR TO MONTH YEAR		1 2 3		STARTING $ per FINAL $ per	
FROM MONTH YEAR TO MONTH YEAR		1 2 3		STARTING $ per FINAL $ per	
FROM MONTH YEAR TO MONTH YEAR		1 2 3		STARTING $ per FINAL $ per	
FROM MONTH YEAR TO MONTH YEAR		1 2 3		STARTING $ per FINAL $ per	
FROM MONTH YEAR TO MONTH YEAR		1 2 3		STARTING $ per FINAL $ per	
FROM MONTH YEAR TO MONTH YEAR		1 2 3		STARTING $ per FINAL $ per	

INTERVIEWER'S COMMENTS:

INTERVIEWED BY _____ DATE _____

PRE-EMPLOYMENT STATEMENT

I voluntarily give the General Electric Company the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or corporations supplying such information.

I consent to taking the pre-employment physical examination and such future physical examinations as may be required by the Company. I agree to wear or use protective clothing or devices as required by the Company and to comply with the safety rules.

I agree that the entire contents of this application form, as well as the report of any such examination, may be used by the Company in whatever manner it may wish.

If employed by the Company, I understand that such employment is subject to the security policies of the Company. I further understand that if the position for which I am hired requires access to classified information and I am not able to obtain a security clearance, I will not be allowed to work in this position. My employment with the Company in a position not requiring security clearance depends upon the existence of such a position for which I am qualified.

I further understand that any false answers or statements made by me on this application or any supplement thereto, or in connection with the above mentioned investigation, will be sufficient grounds for immediate discharge.

APPLICANT'S SIGNATURE _____ DATE _____

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Chevron

SAMPLE

Employment Application

Please first read the Applicant Statement on the reverse side. Then fill out the application in your own handwriting or printing. Be accurate and complete. Information you give will not be used for purposes prohibited by law.

Name (First) (Middle) (Last)	Date	Social Security No.
Address (No./Street) (City) (State) (Zip)	How long?	Phone

Birth Date	The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.	If you are not a U.S. citizen: Type Visa held? Authorized to work?

Type of Job Desired	Part-time?		Temporary?	
	Full time?		Long-term?	

Is there any time of the day you can not be scheduled for work? If so, indicate and explain why.

Federal regulations require government contractors to provide an opportunity for self identification to applicants who are handicapped, disabled veterans or veterans of the Vietnam era. This information is submitted on a voluntary basis and used only in accordance with the regulation. It will not subject you to adverse treatment. If you wish to self identify, please check. ☐ handicapped ☐ disabled veteran ☐ Vietnam era veteran

Describe accommodations needed for you to perform your job safely and properly.

Education

	Name of School	Location of School	No. Yrs.	Graduated No	Graduated Yes	Mo.	Yr.	Degree Received	Major Subject(s)
Last Grade or High School									
Business and Trade Schools									
Colleges and Universities									

Previous Employment

List all employment with present or last job first. Exclude military service. Include school vacation jobs exceeding one month. If self-employed, state nature of business. Unless you note otherwise, it is understood the Company may contact all those listed. (For marine experience, note vessel's name, flag, owner; reciprocating, turbine or diesel.)

From Mo.	From Yr.	To Mo.	To Yr.	Approx. No. Hrs. Per Wk.	Name & Address of Employer	Nature of Job (or Marine Rating) & Supervisor's Name	Wage or Salary	Reasons for Leaving

Have you ever worked for or applied for work with our Company or any of our Companies using the Chevron hallmark? Which?

An Equal Opportunity Employer

GO-307 (OS-4-78)
33 Printed in U.S.A.

Military Experience

List present or last service first.

From Mo.	From Yr.	To Mo.	To Yr.	Active or Reserve	Branch of Service	Rank/Rate	Specialization	Discharge Honorable?	Other (Explain)

General Information

1. Approximately how many days (incl. part days) have you been absent from scheduled work during the past 12 months. Explain reasons

2. Foreign Languages You Speak Fluently — Read

3. Licenses and Certificates Held (Auto Driver, Truck Driver, Pilot, Marine, Radio, etc.)

4. Special or Occupational Skills (Typing, Shorthand, Machine Operator, etc.)

5. Have you ever been convicted of a crime (other than minor traffic violations)? ☐ Yes ☐ No If "Yes", when and where and describe offense. (Do not include arrests which did not result in conviction.)

Activities & Interest

Exclude any organization or society the name of which indicates the race, religion, color national origin or ancestry of its members.

1. School Activities (Sports, Student Government, Honors, etc.)

2. Outside Interests (Hobbies, Community Activities, etc.)

References

1. List two references other than relatives, persons employed by this company, and those for whom you have worked.

Name	Occupation	Years Known
Address	☐ Personal Friend ☐ Business or Professional Acquaintance	
Name	Occupation	Years Known
Address	☐ Personal Friend ☐ Business or Professional Acquaintance	

2. List any relatives, including those by marriage, employed by this company.

Name — Relationship

Name — Relationship

Applicant Statement

The information given is true and correct, and I understand that if I am employed, any misrepresentation, false statement, or omission of consequence herein, found by the Company at any time, will be sufficient cause to terminate my employment. I also authorize the Company (except as otherwise noted) to obtain from others, information believed by the Company to be pertinent to my employment.

Signature

For Company Use

Date	Interviewed by	Remarks

EMPLOYMENT APPLICATION FOR POSITION WITH Levi's **AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER**

1 PERSONAL

LAST NAME	FIRST	MIDDLE	DATE	SOCIAL SECURITY NO.

POSITION DESIRED	TYPE OF EMPLOYMENT	INDICATE SHIFT YOU ARE WILLING TO WORK	SALARY EXPECTED	DATE AVAILABLE
	☐ Full Time ☐ Part Time ☐ Temp.	☐ Day ☐ Swing ☐ Midnight		

HOW DID YOU HEAR ABOUT LEVI STRAUSS & CO.?
Circle appropriate code to the right and indicate specific source on line provided.

RECRUITMENT SOURCE:
1. SELF
2. E.D.D.
3. EMPL. REFERRAL
4. COMMUNITY AGENCY _____
5. EDUC. INSTITUTION _____
6. ON-CAMPUS RECRUIT. _____
7. PROF. ASSOC. _____
8. NEWS AD _____
9. EMPL. AGENCY _____
10. TEMP. AGENCY _____
11. OTHER _____

SAMPLE

IF YOU ARE **NOT** A CITIZEN OF THE U.S., ARE YOU LEGALLY ALLOWED TO WORK IN THE U.S.? ☐ YES ☐ NO

IF YES, ENTER YOUR ALIEN REGISTRATION NO. HERE, AND SHOW YOUR CARD TO THE INTERVIEWER.

IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT? IF YES, SHOW PERMIT TO INTERVIEWER. ☐ YES ☐ NO

ADDRESS WHERE YOU CAN BE REACHED AT PRESENT:
NUMBER STREET CITY STATE ZIP CODE

TELEPHONE NO.
HOME: ( )

FOR PURPOSE OF COMPLETING OUR RECORDS, INDICATE ANY OTHER NAME UNDER WHICH YOU HAVE WORKED OR OBTAINED EDUCATION:
LAST NAME FIRST NAME

WORK OR MESSAGE: ( )

DO YOU HAVE ANY RELATIVES EMPLOYED BY LEVI STRAUSS & CO.? ☐ YES ☐ NO
IF YES, INDICATE NAME, RELATIONSHIP AND IN WHICH DEPARTMENT

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY LEVI STRAUSS & CO.? ☐ YES ☐ NO
IF YES, INDICATE DATES, LOCATION & POSITION:

ARE YOU WILLING TO RELOCATE? ☐ YES ☐ NO

2 HEALTH

DO YOU HAVE ANY DISABILITIES WHICH WOULD PREVENT YOU FROM PERFORMING THE POSITION FOR WHICH YOU ARE APPLYING, OR WHICH WOULD REQUIRE SPECIAL ACCOMMODATIONS? ☐ YES ☐ NO If "Yes," explain:

3 EDUCATION

SCHOOL	ADDRESS	MAJOR STUDIES	Degree, Diploma, License or Certificate Conferred	DATES ATTENDED
HIGH SCHOOL				
COLLEGE				
OTHER				

OTHER SPECIAL KNOWLEDGE, SKILLS OR QUALIFICATIONS:

FOR CLERICAL APPLICANTS ONLY:

DO YOU TYPE? ☐ YES ☐ NO If yes, WPM _____
DO YOU TAKE SHORTHAND? ☐ YES ☐ NO If yes, WPM _____
DICTAPHONE: ☐ YES ☐ NO ___Light ___Med. ___Heavy
WHAT OTHER OFFICE MACHINES CAN YOU OPERATE?

35 36 37

FORM NO. PER-1709 9/78

4 EMPLOYMENT DATA

LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS, OR SINCE LEAVING SCHOOL, STARTING WITH MOST RECENT POSITION. ALL TIME SHOULD BE ACCOUNTED FOR; IF YOU WERE UNEMPLOYED FOR ANY PERIOD, STATE THE NATURE OF YOUR ACTIVITIES. INCLUDE JOB-RELATED VOLUNTEER EXPERIENCE.

From (Mo./Yr.) To (Mo./Yr.)	EMPLOYER/ADDRESS	POSITION	RESPONSIBILITIES	SUPERVISOR'S NAME AND PHONE NO.	REASON FOR LEAVING	ENDING MONTHLY SALARY

PLEASE ANSWER THE FOLLOWING QUESTION:
CONVICTION OF A CRIME DOES NOT AUTOMATICALLY PREVENT EMPLOYMENT – ALL CIRCUMSTANCES WILL BE CONSIDERED.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO If Yes, Explain:

I DECLARE EACH OF THE ANSWERS GIVEN TO THE QUESTIONS ON THIS APPLICATION TO BE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE, AND THAT ANY MATERIAL MISREPRESENTATION OR OMISSION MAY BE CAUSE FOR DISMISSAL. UNLESS OTHERWISE NOTED, I ALSO AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS GIVEN IN THIS APPLICATION, INCLUDING CONTACTING FORMER EMPLOYERS FOR REFERENCE VERIFICATION.

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APPLICANT'S SIGNATURE DATE

Name _____ Date _____

SAMPLE

APPLICATION FOR EMPLOYMENT

PACIFIC TELEPHONE
NEVADA BELL

40

Pacific Telephone
Nevada Bell

Employment Application

An Equal Opportunity Employer. Discrimination against all individuals, including disabled veterans and veterans of the Vietnam era regardless of race, sex, color, religion, national origin, marital status, or physical or mental handicap is prohibited. If you believe you have been discriminated against, you may notify the Equal Employment Opportunity Commission, the Federal Communications Commission, the Employment Standards Administration or other appropriate federal or state agencies.

Personal Data

PLEASE PRINT

Date _____

Name _____ (Last) _____ (First) _____ (Middle)

Social Security Number _____

Residence Address _____ Number/Street _____ City _____ State _____ Zip Code

Telephone _____

List cities of residence past 5 years (Date/City, State) _____

Have you previously applied for a job with our Company? ☐ Yes ☐ No Approximate Date: / / Location: _____

Work Preference

(Both Men and Women are encouraged to apply for any of these jobs)

Type of Work Desired: ☐ Full-Time ☐ Part-Time ☐ Permanent ☐ Temporary

Kind of Work Desired:

☐ Technical/Inside	☐ Clerical-Typing	☐ Stenographer	☐ Service Representative
☐ Technical/Outside	☐ Clerical-Non-Typing	☐ Sales	☐ Messenger
☐ Coin Collector	☐ Keypunch Operator	☐ Telephone Operator	☐ Supply

Starting Salary Desired _____ When are you available to begin work? _____

In which areas or cities do you wish to work? _____

Hours Available:

If job requires, would you be willing to work:

Days	Yes ☐	No ☐	Saturdays	Yes ☐	No ☐
Evenings	Yes ☐	No ☐	Sundays	Yes ☐	No ☐
Nights	Yes ☐	No ☐	Holidays	Yes ☐	No ☐
Split Shifts	Yes ☐	No ☐	Overtime	Yes ☐	No ☐

If part-time work is desired, indicate hours available. _____

If temporary work is desired, indicate dates available. _____

Military Experience

(It is the policy of Pacific Telephone to give special emphasis to disabled veterans and veterans of the Vietnam era.)

Branch of Service _____ From _____ To _____ Grade or Rank At Discharge _____

Occupational Specialization _____ Special/Technical Training (Show Dates; Names and Addresses of Schools) _____

Type of Discharge _____

Education

High School Name _____ Major Subjects Studied _____

City/State _____ Highest Grade Completed _____

Universities, Colleges, Other	City/State	Dates Attended	Major Subjects Studied	Total Units Completed	Qtr.	Sem.

Degree(s) Received _____

Your last name during school, if different _____

Scholastic Record (College Only)

					Top Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.
Undergraduate:	Years Completed _____	Grade Point Average _____	Out of Possible _____ Pts.	Rank in Class	☐	☐	☐	☐
Graduate:	Years Completed _____	Grade Point Average _____	Out of Possible _____ Pts.	Rank in Class	☐	☐	☐	☐

Special Training or Skills

Radio License (1st or 2nd Class) _____ Yes ☐ No ☐

Steno WPM _____ Yes ☐ No ☐

Typing WPM _____ Yes ☐ No ☐

Key Punch Skills _____ Yes ☐ No ☐

Other _____

Conviction Record

Have you ever been convicted of any violation of the law? (Exclude minor Traffic Violations) Yes ☐ No ☐ If Yes, provide details in spaces below

Offense	Date	City and State	Disposition (Suspensions, Probations, Fines, Etc.)

Motor Vehicle Record

Do you have a valid Driver's License? Yes ☐ No ☐ Issued by which State? _____

Driver's License Number _____ Expiration Date _____ Mo. Day Yr.

Address on License _____ Number Street City Zip

Can you drive a manual shift vehicle? Yes ☐ No ☐

List Details of Moving Violations and all Accidents, Suspensions, and Probations in which you were involved in the past three years. (Do not list charges which were subsequently dismissed)

Offense	Date	City and State	Disposition (Suspensions, Probations, Fines, Etc.)

Additional Information

Federal laws require that all applicants be afforded the opportunity to voluntarily identify themselves as handicapped individuals or as a disabled veteran or a veteran of the Vietnam era. This information will be kept confidential and used only in accordance with the Act. Applicants who do not wish to provide this information will not be subjected to any adverse treatment.

Do you consider yourself to be handicapped? Yes ☐ No ☐

Are you a Disabled Veteran?* Yes ☐ No ☐

If Yes, what is the nature of your handicap/disability? _____

Are you a veteran of the Vietnam era? Yes ☐ No ☐

(Served in the U.S. military more than 180 days anytime after 8/5/64 and before 5/7/75)

Are you entitled to Disability Compensation under the laws administered by the U.S. Veterans' Administration for a disabiltiy rated at 30% or more?*

Yes ☐ No ☐

Were you discharged or released from Active Duty in the military of the United States because of a disability incurred or aggravated in the line of duty?*

Yes ☐ No ☐

* Regulations of the U.S. Department of Labor require certain government contractors to report on the hiring of Disabled Veterans and Veterans of the Vietnam Era.

Employment & Business Experience

(Indicate all permanent, part-time, temporary and voluntary work including Bell System employment. List most recent job first.)

Name and Address of Employer	Job Duties	Salary	Hrs. Per Week	Dates (Mo. & Yr.) From	Dates (Mo. & Yr.) To
Company					
Address					
City/State Zip		Reason for leaving			
Telephone		Other name, if any			
Company					
Address					
City/State Zip		Reason for leaving			
Telephone		Other name, if any			
Company					
Address					
City/State Zip		Reason for leaving			
Telephone		Other name, if any			
Company					
Address					
City/State Zip		Reason for leaving			
Telephone		Other name, if any			
Company					
Address					
City/State Zip		Reason for leaving			
Telephone		Other name, if any			
Company					
Address					
City/State Zip		Reason for leaving			
Telephone		Other name, if any			

AS AN APPLICANT YOU AGREE TO AND UNDERSTAND THE FOLLOWING:

1. If hired, you will be required to provide proof of age due to the following:
   - Our company does not employ anyone under 16.
   - State Child Labor Laws limit the hours non graduate individuals under 18 may work.
   - Federal Child Labor Laws prohibit minors (under 18) from working in hazardous jobs.

2. Your eligibility for a Bell System pension is based on the requirements set forth in the Company's Pension Plan, the provisions of which will be described in company publications which will be provided to you upon your employment.

3. The Company May Conduct Investigations Including Verification of Prior Employment History and Education. By Signing This Application You Authorize the Company to Make These Investigations, and You Indicate Your Awareness That False Statements or Failures to Disclose Information May be Sufficient to Disqualify You for Employment, or if Employed, May Result in Your Dismissal.

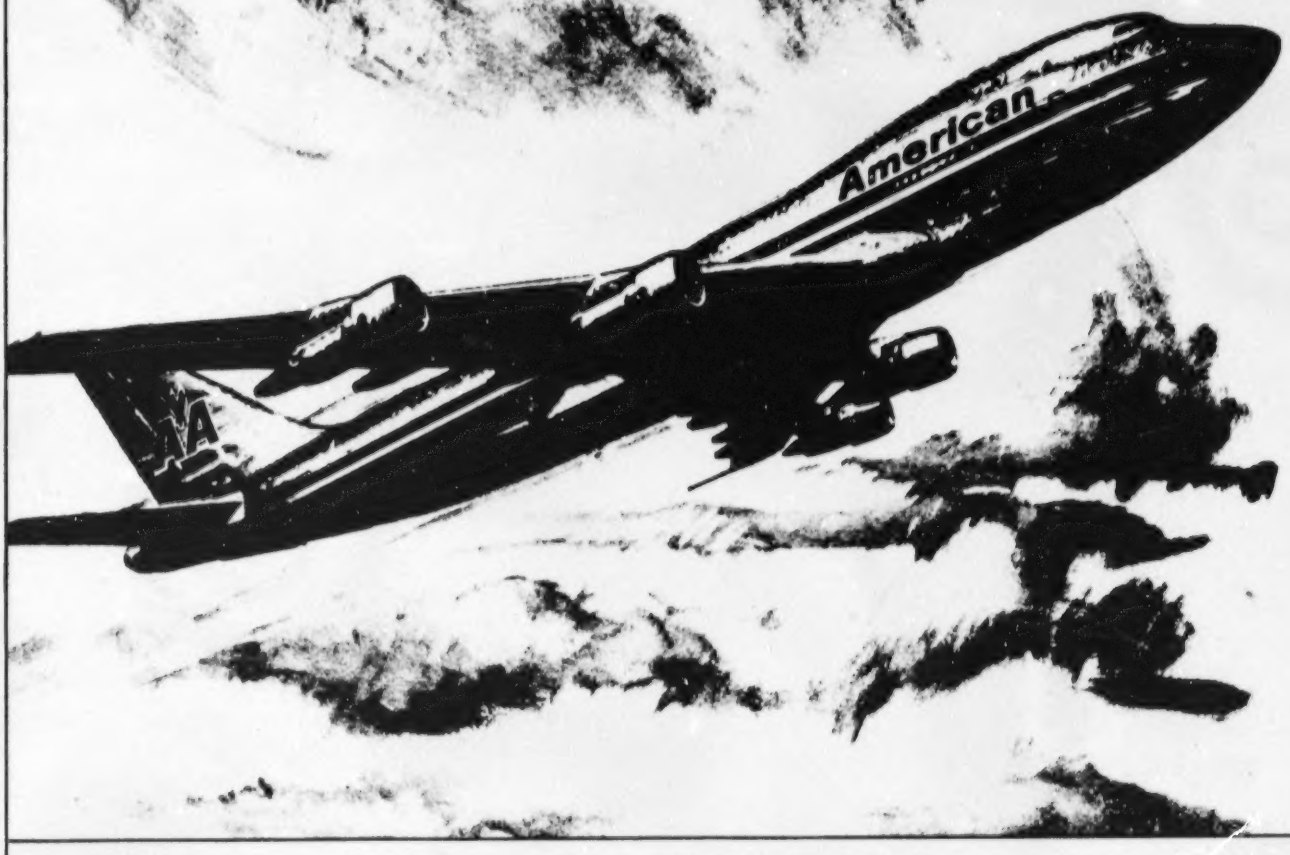
4. If hired, you will be required to provide proof of right to work in the United States.

Signature of Applicant _____ Date _____
FIRST MIDDLE LAST

AmericanAirlines AA

APPLICATION FOR EMPLOYMENT

SAMPLE



NAME _____ LAST _____ FIRST _____ M.I. _____ POSITION APPLIED FOR _____ DATE _____

An Equal Opportunity Employer

MAIL YOUR APPLICATION TO THE AMERICAN AIRLINES OFFICE FROM WHICH IT WAS OBTAINED.
BECAUSE OF THE LARGE VOLUME OF APPLICATIONS RECEIVED,
NO WRITTEN ACKNOWLEDGEMENT IS MADE.

IMPORTANT: Read Terms of Employment carefully. Print or type answers to every question. All information on this application will be treated confidentially. FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE OR SEX.

PERSONAL DATA

Last Name	First Name	Middle Name	Date

	Number and Street	City	State	Zip Code	Telephone: Area Code
Present Address:					
Permanent Address:					

IN CASE OF EMERGENCY NOTIFY:
Name _____
Number and Street _____
City _____ State _____ Zip Code _____

*Date of Birth	Social Security Number	Are you a citizen of the U.S.A.? ☐ Yes ☐ No	If no, date of entry _____ Alien Registration No. _____

HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY LAW (EXCEPT TRAFFIC VIOLATION)? ☐ Yes ☐ No. If yes, attach summary of details. Disclosure of a criminal record does not automatically disqualify you from employment consideration. Your case will be judged on its own merits.

Do you have a drivers license? ☐ Yes ☐ No

Type State Expires

Height	Weight	Time lost during past year due to accident or illness: Total days_____ No. of occurrences_____	Nature of accident or illness:

Do you have any physical, mental, or medical impairments which would interfere with your ability to perform the job for which you have applied?
☐Yes ☐No If any, explain:

EDUCATION

List all schools attended	Name and address of school	* From Mo/Yr	* To Mo/Yr	Graduated (Yes or No)	Degree/Type of Diploma	Major Course
High School						
College or University						
College or University						
Graduate School						
Business or Technical						

If you attended college but did not graduate, how many credit hours needed for degree? Associate_____ Bachelor_____

List any scholarships, academic honors, awards or special achievements:

List languages which you speak proficiently:
read proficiently:

WORK INTEREST

Position applied for:	Location preferred:	Minimum salary:	Type of Employment desired: ☐ Full Time ☐ Part Time ☐ Temporary	Earliest availability date:

Have you ever filed an application with American Airlines before? ☐ Yes ☐ No When?_____ Where?_____
Have you ever been interviewed by American Airlines? ☐ Yes ☐ No When?_____ Where?_____

Are you willing to work rotating shifts including nights and weekends?_____ Transfer to another city?_____ State?_____ Country?_____

Briefly state reasons for interest in employment with American Airlines:_____

List acquaintances employed by American Airlines (Note: Company policy prohibits the employment of relatives, as defined in paragraph 10 of the Terms of Employment on back of application.)

_____ NAME _____ NAME

*DO NOT ANSWER IF PROHIBITED BY APPLICABLE STATE LAW.

EMPLOYMENT HISTORY

List all previous work experience including military service record and periods of unemployment. ***Begin with present position*** **and work back to your first position.** Attach resume, if necessary. If there were periods of more than one month where you were self-employed or unemployed, list name and address of person(s) who can verify your activities during this period(s).

From Mo/Yr	To Mo/Yr	Employer Address/Telephone Number	Salary	Job Title and Description of Work Performed	Specific reason for leaving

SPECIAL SKILLS

All applicants who have experience in the following skills should complete this section.

OFFICE: Adding Machine _____ Keypunch _____ Calculator _____ Teletype _____
Typing _____ W.P.M. Shorthand _____ W.P.M. Speedwriting _____ W.P.M.
D.P. EXPERIENCE: Hardware Equipmt. _____ Software Equipmt. _____ Language(s) _____

MECHANIC Type of Experience	Months	Type of equipment	Licenses held and number
Line Maintenance			A
Aircraft Overhaul			P
Engine Overhaul			A&P
Electronics			
Accessories			FCC Radio
Machine Shop			Other
Automotive			
Other:			

Can you read and work with Blueprints? _____ Do you own a complete set of tools? _____ Value $ _____

AVIONICS FCC License: Class _____ Type _____ Number _____

	Training	Experience	Type of work and equipment
Radio Technician			
Radar and Other			

MILITARY SERVICE

*Branch	*Grade or Rank	*Nature of duty or training	Induction date	Separation date

*Present Selective Service Classification:	*Type of Discharge or Separation:	*If present Selective Service Classification is 1Y or 4F, please state the reason:

*DO NOT ANSWER IF PROHIBITED BY APPLICABLE STATE LAW.

TERMS OF EMPLOYMENT

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize American Airlines, Inc. (herein called the company) to verify such information and to contact any reference given by me. Should I be employed by the company, I agree that:

1. My employment shall be in accordance with the terms of (A) this application, (B) company rules and regulations and any amendments thereto and (C) any applicable labor agreement. The company shall have the right to amend, modify or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.

2. My employment may be terminated by the company at any time without advance notice, its only obligation being to pay wages or salary earned by me to date of termination. Without limitation, failure to abide by company rules and regulations, failure to pass any company physical examination and the falsification of any information given by me in this application will entitle the company to terminate my employment.

3. I will submit to medical examination(s) by a physician appointed by the company at such time(s) as it may request, and will submit to such examination before making any claim against the company for injuries suffered in connection with my employment.

4. I agree that employment may be contingent upon my meeting all placement considerations, including medical requirements.

5. All right, title and interest, including, without limitation, all copyrights and patents, in and to any material produced or inventions developed by me which affect or relate to the company's business or affect or relate to the air transportation industry shall vest in the company and I shall have no personal right, title or interest whatsoever therein.

6. The company, and any person or concern it may authorize, shall be entitled, without further consent, to copyright, sell or use in any manner, any picture or photograph of me.

7. If any injury to me or death in connection with my employment shall be subject to workmen's compensation laws. I waive for myself, my heirs and representative, all actions at law against the company for damages for such injury or death and agree to accept the applicable compensation award provided for by the laws of the state in which I am stationed at the time of such injury or death.

8. The company shall have the right at any time after the termination of my employment to furnish to others information concerning my employment record with the company, including the information contained in this application.

9. I agree not to disclose any of the company's trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during employment or after my employment with the company is terminated.

10. I understand that relatives of employees of American Airlines, Inc. or any subsidiary of American including Sky Chefs, AA De Mexico, Inc., Flagship International, Inc., Americana Hotels, Inc., Management in Maintenance, Inc. (MIMI), A. A. Development Corporation, and A. A. Energy Corporation are not eligible for employment. For the purpose of this policy relatives are defined as parents (natural or step) or legal guardians, spouse, natural, adopted or step children, brothers (natural, half or step), sisters (natural, half or step), Mothers-In-Law, Fathers-In-Law, Sons-In-Law, Daughters-In-Law, Brothers-In-Law, and Sisters-In-Law. The terms "Brothers-In-Law" and "Sisters-In-Law" include individuals who are married to natural, half or step sisters or brothers, as the case may be. I hereby affirm that I am not a relative of any employee of American or of any subsidiary of American as defined above. I also understand that falsification of this information in connection with employment will be grounds for immediate termination regardless of when such falsification is discovered.

Dated_____ 19_____

_____
SIGNATURE OF APPLICANT (IN INK)

CONSENT OF PARENT OR GUARDIAN (WHERE REQUIRED BY APPLICABLE STATE LAW IF APPLICANT IS UNDER 21 YEARS OF AGE)

I, the undersigned being the parent or guardian of this applicant, in consideration of the premises, do hereby consent to the above agreement.

_____ (Witness)

_____ (L.S.) _____
Parent or Guardian) (Relationship)

WE APPRECIATE YOUR INTEREST IN AMERICAN AIRLINES AND THE TIME YOU HAVE TAKEN TO PREPARE THIS APPLICATION

FOR PERSONNEL USE ONLY

Personnel interview by:_____ Date:_____ Time:_____ Location:_____

Comments:_____

Type of test(s) administered:_____

Interviewed by:_____ Department:_____ Date:_____ Location:_____ Time:_____

Comments:_____

Interviewed by:_____ Department:_____ Date:_____ Location:_____ Time:_____

Comments:_____

Disposition:_____ Starting Date:_____ Medical:_____ Salary:_____

Job Code and Title:_____ Grade:_____ Supervisor:_____

Station and Branch Code:_____ Source:_____ Notification No._____ Employee No._____

APPLICATION FOR EMPLOYMENT

376 (11/74)

CONSOLIDATED FREIGHTWAYS

(All information treated confidentially)

All persons shall have the opportunity to obtain employment without discrimination because of race, creed, color, national origin, ancestry, sex, age or physical handicap.

SAMPLE

INSTRUCTIONS FOR COMPLETING THIS FORM

1. Complete this application in your own handwriting.
2. Answer all questions. If answer is "NONE," so indicate.
3. If you need additional space to answer any questions attach a separate sheet.

THIS APPLICATION FOR EMPLOYMENT MAY BE USED FOR A SECURITY INVESTIGATION

FULL NAME _____ SOC. SEC. NO. _____

ADDRESS _____ TELEPHONE NO. _____

Date of Birth _____ Height _____ Weight _____ Sex: M ☐ F ☐

APPLICANT'S STATEMENT OF PHYSICAL CONDITION

Do you wear glasses? Yes ☐ No ☐ Do you wear contact lenses? Yes ☐ No ☐

Have you been hospitalized or treated by a doctor during last 5 years? Yes ☐ No ☐ If yes, explain _____

Have you ever filed a claim for Workman's Compensation benefits? Yes ☐ No ☐

1. Did you receive an award? Yes ☐ No ☐ 2. Was it based on permanent disability of any kind? Yes ☐ No ☐

Do you have any war service disability? Yes ☐ No ☐ Percent _____

In case of emergency notify _____

EDUCATION

SCHOOL	YEARS CREDIT	DATE LEFT	GRADUATED YES	GRADUATED NO	NAME AND ADDRESS OF SCHOOL	MAJOR COURSE TAKEN	DEGREE
Grammar							
High School							
College							
Graduate Work							
Trade or Business							
Correspondence							

EMPLOYMENT RECORD

(Start with your last position. Show past 5 years)

FROM (Mo./Yr.)	TO (Mo./Yr.)	JOB TITLE	SUPERVISOR'S NAME	SALARY
COMPANY		LOCATION	REASON FOR LEAVING	
FROM (Mo./Yr.)	TO (Mo./Yr.)	JOB TITLE	SUPERVISOR'S NAME	SALARY
COMPANY		LOCATION	REASON FOR LEAVING	
FROM (Mo./Yr.)	TO (Mo./Yr.)	JOB TITLE	SUPERVISOR'S NAME	SALARY
COMPANY		LOCATION	REASON FOR LEAVING	
FROM (Mo./Yr.)	TO (Mo./Yr.)	JOB TITLE	SUPERVISOR'S NAME	SALARY
COMPANY		LOCATION	REASON FOR LEAVING	

Have you ever been discharged from any position? Yes ☐ No ☐ If "Yes," state particulars for each occurrence _____

Have you ever had a Fidelity Bond denied, suspended or revoked? Yes ☐ No ☐ If "Yes," explain _____

Have you ever worked under any other name? Yes ☐ No ☐ If "Yes," explain _____

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RECORD OF U.S. MILITARY SERVICE

SERVICE DATES From To	BRANCH	RATE OR RANK	DATE OF DISCHARGE	SERIAL NUMBER

Were you dishonorably discharged? Yes ☐ No ☐

What citations and awards have you received? _____

Special training _____

PERSONAL REFERENCES

(Not a relative, former employer, or anyone in the service of this employer)

FULL NAME OF REFERENCE	ADDRESS (SHOW STREET NUMBER AND CITY)	CONNECTED WITH WHAT BUSINESS	POSITION

SECTION FOR DRIVER APPLICANTS

CURRENT UNEXPIRED DRIVERS LICENSES/PERMITS:

STATE	CHAUFFERS?	OPERATORS?	SERIAL NUMBER	EXPIRATION DATE

Have you ever had a driver's license under any other name? Yes ☐ No ☐ If "Yes," explain _____

DRIVING EXPERIENCE:

TYPE OF EQUIPMENT	NO. OF YEARS	APPROXIMATE NO. OF MILES		
		CITY	ROAD	OTHER
Straight Truck				
Tractor and Semi				
Tractor, Semi and Full Trailer				
Truck and Full Trailer				
Others				

With what type engine and transmissions do you have experience? _____

In what states have you driven regularly? _____

To date, I have driven trucks for _____ years, covering approx. _____ miles. The date of my last accident, while driving a commercial vehicle, was _____ since that time I have driven approx. _____ accident-free miles.

ACCIDENT RECORD FOR PAST 5 YEARS: Include all accidents while operating personal and/or commercial vehicle

MO. DAY YR.	TYPE ACCIDENT	TYPE EQUIPMENT	DEATH OR INJURIES	CITY AND STATE	NIGHT OR DAY	EMPLOYER

Have you ever had any license permit or privilege to operate a motor vehicle denied, revoked or suspended? Yes ☐ No ☐

If "Yes," explain _____

List all violations (other than parking violations) of any motor vehicle law or ordinance which you were convicted or forfeited bond or collatera during past 5 years:

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED	DISPOSITION

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Are you familiar with the Motor Carrier Safety Bureau Safety Regulations? Yes ☐ No ☐

SAFE DRIVING AWARDS, ETC.:

DATE	KIND OF AWARD	PRESENTED BY	WHILE EMPLOYED BY	IN RECOGNITION OF

SECTION FOR SALES APPLICANTS

Please summarize your sales experience below:

House-to-house or office-to-office selling: Years_____ For whom_____ Product_____

Selling to retail dealers: Years_____ For whom_____ Product_____

Selling to jobbers: Years_____ For whom_____ Product_____

Selling non-technical products direct to business: Years_____ For whom_____ Product_____

List the geographic areas and cities in which you have worked for a year or more_____

What geographic areas do you feel you know best: Why?_____

Do you have any marked preference with respect to the geographic area you might, if employed by us, be assigned to cover?

Specify and give reasons_____

Which of your assets (background, education, territory knowledge, etc.) do you feel would be most valuable in any association you might make with us?_____

BUSINESS REFERENCES (names and addresses of executives of companies with whom you have had frequent business dealings:

SECTION FOR DOCK FREIGHT HANDLER APPLICANTS

Number of years experience as Loader_____ Checker_____

Have you worked with Dragline? Yes ☐ No ☐ Towmotor and pallet? Yes ☐ No ☐

Cart Operator? Yes ☐ No ☐ Other—Explain_____

Indicate any other dock experience or related background_____

CHECK TYPE OF FORKLIFT OPERATED AND NUMBER OF YEARS EXPERIENCE

☐ Gas_____Yrs.

☐ Elect._____Yrs.

☐ LPG_____Yrs.

CLERICAL APPLICANTS

INDICATE WHETHER YOU HAVE HAD TRAINING OR EXPERIENCE OR BOTH IN THE FOLLOWING LINES OF WORK

*INDICATE WORDS PER MINUTE	*TRAINING	EXPERIENCE (YEARS)	* *Indicate Tariffs with which you have worked	TRAINING	EXPERIENCE (YEARS)
Typing *			Rates**		
Shorthand*			O S & D		
Billing			Interline		
Computer Message Device			Claims		
PBX			Cashier		
Key Punch Operator			Accounting		
Calculator			Dispatcher		
Dictating Machine Transcriber			Other:		
Adding Machine			Other:		

SECTION FOR SHOP APPLICANTS

Are you a journeyman mechanic?_____ Are you an apprentice mechanic?_____ If so, what term _____

INDICATE MONTHS OF EXPERIENCE:

Hy Duty Diesel _____ Gas Engine_____ Transmissions & Differentials_____ Electrical _____ Front Ends _____

Body Work_____ Refrigeration _____ Partsman _____ Lubrication & Service _____ Tire Serviceman_____

Welding Exper.: Heliarc_____ Acetylene_____ Other Specialties _____

DETAIL ANY ADDITIONAL EXPERIENCE ON A SEPARATE SHEET

GENERAL INFORMATION

How long have you been a resident of the city in which you reside?_____

GIVE IN SEQUENCE YOUR PREVIOUS PLACES OF RESIDENCE FOR PAST 5 YEARS IN U.S.

ADDRESS	DATES		ADDRESS	DATES	
	FROM	TO		FROM	TO

For what position are you applying? _____ Salary expected_____

At what location?_____
(Show Street Address and City)

What prompted your application? Employment Agency ☐ Advertisement ☐ Own Accord ☐

Employee Referral ☐—Name_____ Other ☐ _____

Have you previously been employed by this company? Yes ☐ No ☐ If "Yes," give period of employment and location:

Period of Employment_____ Location_____

Have you ever been convicted of a crime? Yes ☐ No ☐ (Omit traffic violations) If "Yes," explain _____

_____

Are you a citizen of the United States? Yes ☐ No ☐

If "No" have you the right to remain permanently in the United States? Yes ☐ No ☐

Do you have any relatives already employed by this company? Yes ☐ No ☐

If "Yes," give name and relationship: Name _____ Relationship_____

Where employed_____

In consideration of possible employment, and/or actual employment, I agree as follows:

1. I agree that any omission or any misleading or untrue statement or answer made herein or made hereafter on the Consolidated Freightways Fingerprint and Identification Card, may, at the option of Consolidated Freightways, render this application void and may also constitute just cause for discharge should employment hereafter be granted.

2. I authorize Consolidated Freightways to inquire into my background with regard to my qualifications for employment and I specifically authorize Consolidated Freightways to contact my former employers, references, and any and all other persons or organizations for any and all information bearing upon my qualifications for employment. I request and authorize all persons and organizations so contacted to furnish the information so requested and, in consideration for so doing, do hereby discharge, relieve, and release any and all persons and organizations furnishing such information about me to Consolidated Freightways from liability which might arise out of or result from the communication so made or the information so furnished.

3. I authorize Consolidated Freightways to furnish to any future prospective employer information which it in good faith reasonably believes to be true regarding my qualifications for employment and, in consideration for so doing in addition to consideration for possible employment and/or actual employment, do hereby release and discharge Consolidated Freightways from any and all liability whatsoever which might result or arise out of the communication of such information.

4. In event employment is granted, in consideration of such employment:
   a. I promise to ascertain and to abide by all pertinent company rules and regulations and I agree that failure so to do will constitute just cause for discharge from such employment.
   b. If such employment is not sooner terminated, I understand that I will be required to retire and I agree to retire upon reaching age 65.
   c. I understand that, as a condition to employment, I will be fingerprinted and will be required to furnish other or duplicate information. I agree to be fingerprinted and to furnish whatever further or duplicate information is or will be required to enable Consolidated Freightways to verify my qualifications for employment. I understand that such fingerprints and information will be used to verify my qualifications for employment and agree that appropriate investigation so to do may be made.

5. I do also hereby further specifically authorize Consolidated Freightways to inquire into my medical background as it affects my qualifications for employment, and eligibility for life and medical insurance. In furtherance of this authorization, I request and authorize any doctor or hospital or medical facility from which I have received medical treatment of any nature to release to Consolidated Freightways at the request thereof any and all records regarding my medical history and, in consideration for so doing, do hereby release and discharge persons or facilities so doing from any and all liability arising therefrom.

I have read and I understand the foregoing agreements.

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

_____ (DATE) 51 _____ (APPLICANT'S SIGNATURE)

Nice Going!

You finished this book.
Now you're ready to find a job.
The Personal Data form on the right will help you. Just carry it in your wallet and you'll have all those answers you need when filling out an application.

Good Luck!

Here is your wallet-size Personal Data Form.

fold — fold

PERSONAL DATA

Name _____
Last First Middle

Address _____
No. & Street City State Zip

Telephone _____ Ht. _____ Wt. _____

Age _____ Social Security no. _____

Birth date _____ Birthplace _____

Driver's license no. _____

High school _____ From Mo/Yr ____ To Mo/Yr ____

Address _____

PERSONAL REFERENCES

1. Name _____ Occupation _____

   Address _____ Tel. _____

2. Name _____ Occupation _____

   Address _____ Tel. _____

CREDIT REFERENCE

Name _____

Address _____

BANK REFERENCE

Name _____

fold — fold

Address _____

PREVIOUS EMPLOYMENT

Company _____ Supervisor _____

Address _____
No. & Street City State Zip

Employed from ___ to ___ Kind of work _____

Company Name _____ Supervisor _____

Address _____
No. & Street City State Zip

Employed from ___ to ___ Kind of work _____